



**fife athletic club**

[www.fifeac.org](http://www.fifeac.org)



### Emergency Contact Details

Please complete details for all family members regularly attending the training group, and hand this form to the coach at the next session. By submitting this form you agree that all named athletes will read and abide by the Fife AC Training Group Rules ([http://www.fifeac.org/files/documents/general/Training\\_Group\\_Rules.pdf](http://www.fifeac.org/files/documents/general/Training_Group_Rules.pdf)).

**Name(s) of coach(es):** .....

**Venue(s):** .....

ATHLETE DETAILS			
Name and Address	Emergency Contact Details	Date of Birth	Relevant Medical Information